STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004011	A. BUILDING: _____ B. WING _____	C 01/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISS PLACE	3008 SHAWNEE DR S BEDFORD, IN 47421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00190677. Complaint IN00190677- Unsubstantiated due to lack of evidence. Survey dates: January 22 and 26, 2016 Facility number: 004011 Provider number: 004011 AIM number: N/A Census bed type: Residential 40 Total: 40 Sample: 03 Bliss House was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00190677. QR was completed by 99993 on 01/27/16.	R 000		